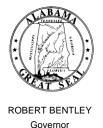
## **Alabama Medicaid Agency**



501 Dexter Avenue P.O. Box 5624 Montgomery, Alabama 36103-5624

www.medicaid.alabama.gov e-mail: almedicaid@medicaid.alabama.gov

Telecommunication for the Deaf: 1-800-253-0799 334-242-5000 1-800-362-1504



R. BOB MULLINS, JR., MD Commissioner

February 13, 2012

Patient/Caregiver Address City, State, Zip

> RE: CLIENT SURVEY Provider: Provider Number

#### To Patient/Caregiver:

Goold Health Systems, on behalf of the Alabama Medicaid Agency, is interested in knowing more about the service you are receiving from Pharmacy Name as a provider of blood clotting factor in agreement with Alabama Medicaid. Please take the time to complete the survey and return it in the postage-paid envelope that is included with this letter. Your reply is vital to our efforts to ensure that the best quality of service is provided to our members. The information you provide will be kept confidential and will only be used internally to assess the level of commitment to patient care.

Sincerely,

Tina M. Hisel, Pharm.D., BCPS Goold Health Systems 45 Commerce Drive, Suite 5 Augusta, ME 04330

Enclosure(s):
Survey
Postage-paid envelope

# HEMOPHILIA STANDARDS OF CARE SURVEY

#### **Survey Instructions:**

Answer all questions by checking the box to the left of the <u>one</u> answer that best describes each sentence based on your experience in the past 6 months.

#### **Confidentiality:**

All information that would let someone identify you or your family will be kept private.

Goold Health Systems will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get.

### **Staff Availability**

1.	I have been able to reach someone at Pharmacy Name by telephone at night or on weekends.		
	1□ 2□ 3□	Always Sometimes Never	
2.	When I c me.	all at night or on weekends I am able to speak with someone who could help	
	1□ 2□ 3□	Always Sometimes Never	
3.	When I call at night or on weekends to talk to a pharmacist I am able to speak with one		
	1□ 2□ 3□	Always Sometimes Never	
4.	When I call at night or on weekends to talk to a nurse I am able to speak with one.		
	1□ 2□ 3□	Always Sometimes Never	
5.	When I call at night or on weekends to talk to a case manager I am able to speak with one.		
	1□ 2□ 3□	Always Sometimes Never	
6.	If a person who can answer my question isn't available right away, I am able to speak with someone who can help me within an hour.		
	1□ 2□ 3□	Always Sometimes Never	

7.	If a person who can answer my question isn't available right away, the person answering my call usually				
	1	takes a message transfers me to someone who could help calls me back does nothing Other			
St	aff Know	ledge			
8.	Pharma question	cists, nurses and case managers at Pharmacy Name are able to answer my s.			
	1	Always			
	2	Sometimes			
	3	Never			
9.	When unable to answer my questions, the pharmacist, nurse or case manager will usually				
	1	take a message, then call me back with an answer			
	2	transfer me to someone who could help at once			
	3	take a message, then have someone else call me back			
	4	do nothing			
	5	Other			
10		nable to answer my questions at once, the pharmacist, nurse or case manager vill get back to me with an answer			
	1	Within 1 hour			
	2	Within 4 hours			
	3	Within 8 hours			
	4	More than 24 hours			
	5	Never			
11		nt the pharmacists, nurses and case managers at Pharmacy Name know my and work with my doctor or Hemophilia Treatment Center.			
	1□	Always			
	2	Sometimes			
	3	Never			

## **Timeliness and Accuracy of Deliveries**

12. When you receive th	u last requested supplies that you did not need right away, how quickly did you nem?
1□ 2□ 3□ 4□	Within 24 hours Within 2 days Within 1 week Other: When
13. When you	a last requested clotting factor after a bleed, how quickly did you receive it?
1□ 2□ 3□ 4□	Within 6 hours Within 12 hours Within 24 hours Other: When
14. In the pas	st 6 months, have you received all the supplies that you ordered?
1□ 2□ 3□	Always Sometimes Never
15. In the pas	st 6 months, the amount of supplies that I have received can be described as:
1□ 2□ 3□ 4□	Exactly what I need.  More than I need.  Less than I need.  Sometimes I get more and sometimes I get less than I need.
16. When I or	der clotting factor it is cold when I receive it.
1□ 2□ 3□	Always Sometimes Never
Overall Satis	sfaction
17.I am happ	by with the service that Pharmacy Name has provided within the past 6 months.
1□ 2□ 3□	very much sometimes, but not always not at all

18. How can we make this program work better for you?		
Other Info	rmation	
19. Did son	neone help you complete this survey?	
1□ 2□	yes $\rightarrow$ If yes, go to question 20. no $\rightarrow$ If no, go to question 21.	
20. How did	that that person help you? Check all that apply.	
1□ 2□ 3□ 4□	The person is my parent or guardian and completed the survey for me.  Read the questions to me and wrote down the answers I gave them.  Translated the questions into my language.  Helped in some other way. (Please print)	
	vider noted in the letter is no longer the pharmacy that supplies my ophilic factor. My new supplier is:	
Pha	rmacy Name:	
Pha	rmacy Address:	
Pha	rmacy Phone:	

Thank you for taking the time to complete this survey. Please return the completed survey in the postage-paid envelope.